Note: Please check only those items that relate to the facility. The size and the location of the facility will cause certain items to be non-applicable. Extra spaces have been provided for additional items that may be unique to the facility and/or community.

	INITIALO	DATE
ACTION	INITIALS NHA AIT	DATE COMPLETED
General Discussion		
a. Goals and objectives		
b. History of the facility		
c. Mission statement		
d. Philosophy		
e. Special home office requirements		
f. Scrapbooks		
g. Targeted market		
h.		
i.		
j.		
2. Complete tour of facility and grounds		
a. Alarm systems		
b. Circuit breakers/fuses		
c. Drug rooms		
d. Emergency fuel system		
e. Emergency generator		
f. Emergency medical equipment		
g. Fire alarm system		
h. Gas turn off		
i. Heating/A.C. system		
j. Hot water system		

ACTION	INITIALS NHA AIT	DATE COMPLETED
k. Kitchen		COMPLETED
1. Laundry		
m. Nurses station		
n. Parking lot		
o. Sewer outlet		
p. Sprinkler system		
q. Telephone system		
r. Ventilating system		
s. Water turn off		
t.		
u.		
V.		
3. People you should meet in the facility		
a. All supervisors		
b. All employees		
c. All residents		
d. All consultants including		
(1) ADA		
(2) ART		
(3) MSW		
(4) RN		
(5) Pharmacist		
(6)		
(7)		

ACTION	INITIALS NHA AIT	DATE COMPLETED
e. Attending physicians		COMPETED
f. Medical director		
g. Security personnel		
h. Volunteers		
i.		
j.		
k.		
4. Tour of community and visit		
a. Accountant		
b. Attorney		
c. Ambulance service		
d. Churches		
e. Dentist		
f. Drug stores		
g. Educational institutions		
h. Emergency housing		
i. Employment security		
j. Financial institutions (banks)		
k. Fire station		
1. Funeral homes		
m. Government offices		
(1) City offices		
(2) County/parish offices		
(3) DHHS		

ACTION	INITIALS NHA AIT	DATE COMPLETED
(4) Federal offices		
(5) Health		
(6) Social Security		
(7) Social services		
(8) State offices		
(9) Welfare		
(10)		
(11)		
(12)		
n. Home office/regional office		
o. Hospitals		
p. Mental health		
q. News media		
(1) Newspapers		
(2) Radio stations		
(3) T.V. stations		
(4)		
(5)		
r. Nursing homes		
s. Police department		
t. Post office		
u. Sheriff's office		
v. Transportation services		
w. Utility companies		

ACTION	INITIALS NHA AIT	DATE COMPLETED
x. Vendors		
y.		
Z.		
5. Location of files		
a. Committee meetings		
b. Complaint		
c. Consultant contracts		
d. Consultant reports		
e. Contracts (miscellaneous)		
f. Disaster drills		
g. Employee files		
h. Fire drills		
i. In-service records		
j. Inspections		
k. Insurance records		
Medical records		
m. Patient files		
n. Staff meeting minutes		
0.		
p.		
q.		
r.		
S.		

ACTION	INITIALS NHA AIT	DATE COMPLETED
6. Attend meetings		
a. AAHA		
b. AHCA		
c. Civic clubs		
d. Consultants, exit interview		
e. Executive staff		
f. Family nights		
g. Home office		
h. In-service		
i. Resident council		
j. Staff		
k. Staffing residents		
1. Surveyors, exit interview		
m.		
n.		
0.		
p.		
q.		
7.		
a.		
b.		
c.		
d.		
e.		

ACTION	INITIALS NHA AIT	DATE COMPLETED
f.		
g.		
h.		
i.		
j.		
k.		
1.		
m.		
n.		
0.		
8. Location and how to use equipment		
a. Calculator		
b. Computer		
c. Copy machine		
d. Intercommunication system		
e. Telephone		
f. Typewriter		
g. Word processor		
h.		
i.		
j.		
9. Who do you contact?		
a. Electrician		
b. Insurance, claims		

	INITIALS	DATE
ACTION	NHA AIT	COMPLETED
c. Medical, first aid		
d. Minister/priest/rabbi		
e. Plumber		
f. Service contracts		
g. Suppliers		
h. Transportation		
i.		
j.		
10. Miscellaneous		
a. Special problems		
b. Special services		
c. Suits		
d. Union negotiations		
e. Work in progress		
f.		
g.		
h.		
i.		
j.		
k.		
1.		
m.		
n.		
0.		

ACTION	INITIALS NHA AIT	DATE COMPLETED
11.		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		